



Housing and Community Development Division  
268 Lawrence Street, Suite 200  
Marietta, GA 30060  
770-794-5437  
Daphne Bradwell, Manager

---

## INFORMATION FOR ALL POTENTIAL HOUSING REHABILITATION APPLICANTS

The City of Marietta Housing and Community Development Division (HCD-CDBG) is accepting applications from Marietta homeowners interested in correcting Housing Code deficiencies and other hazardous and potentially life threatening conditions in the home.

Applications will be accepted and processed on a “first-come- first-served” basis.

The City CDBG Program requires documentation of income from all sources of all household members and verification of home ownership. Homeowners will be required to submit the following information:

- ◆ Completed Housing Rehabilitation Application Form;
- ◆ Copy of the Warranty Deed;
- ◆ Proof of income of **all** persons living in the home (*for example: pay stubs, social security payments, child support, etc.*);
- ◆ Copy of homeowner’s last year’s tax returns;
- ◆ Copy of Social Security cards of every person living in the home;
- ◆ Proof of current mortgage balance, not the monthly payment;
- ◆ Copy of homeowner’s insurance policy;
- ◆ Copy of two [2] most recent bank account statements;

Please note the City CDBG program will only address **owner-occupied properties** [meaning the owner lives in and uses the property as their primary residence]. The homeowner must **hold a fee simple title and the total household income must be within the federal Income Limits for the household size.**

Direct inquiries or questions regarding the available assistance programs to:  
[dbradwell@mariettaga.gov](mailto:dbradwell@mariettaga.gov) 770-794-5437 or [jrogers@mariettaga.gov](mailto:jrogers@mariettaga.gov) 770-794-5610.



268 Lawrence Street Ste 200  
Marietta, GA 30060  
770-794-5437  
Daphne Bradwell, Manager

# CDBG

## PROGRAM OFFICE

Revised January 2, 2015

### Housing Rehabilitation Program Application

#### OFFICE USE ONLY

MHRG Case #: \_\_\_\_\_ IDIS # \_\_\_\_\_ Application Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name: \_\_\_\_\_ Application Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the Cobb County Housing Rehabilitation program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

#### APPLICANT INFORMATION

Applicant Name:	Home Phone #:	Cell #:	
Street Address:	City:	State:	Zip Code:
Property to be Rehabilitated:	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	Year House Built: _____
Name and Address of Employer:	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired:	
Business Phone #:	Position/Title:	Number of Years on Job	
<u>ANNUAL INCOME OF HOUSEHOLD:</u>		\$ _____	

SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Salary				
Social Security				
Pension, Retirement Funds, etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other Income				
<b>TOTAL INCOME:</b>				
<b><u>ASSETS</u></b>				
TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NUMBER
Checking Accounts				
Savings Accounts				
Credit Union Accounts				
Stocks				
Life Insurance				
Other (i.e. rental property)				
Home: Estimated Value				
<b><u>LIABILITIES</u></b>				
List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.				
TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE

MONTHLY HOUSING EXPENSES	MONTHLY PAYMENTS	UNPAID PRINCIPAL BALANCE	BALLOON PAYMENT AMOUNT	DATE PAYMENT IS DUE
ITEM				
First Mortgage (P&I)				
Other Finance Secured By Property				
Hazard and Flood Insurance				
Real Estate Taxes				
Other (Childcare)				
Other (Specify)				
TOTAL				

#### **ADDITIONAL INFORMATION**

1. Do you have any outstanding, unpaid ***Liens*** or ***Judgments***? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes please list the Amount (if applicable) \$\_\_\_\_\_

2. In the past 7 years, have you been declared bankrupt? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Are you a party involved in a law suit? \_\_\_\_\_ Yes \_\_\_\_\_ No

***If yes answer is given to any question below, please explain on an attached sheet***

**HOUSEHOLD COMPOSITION:** (List the **Head of Household** and **everyone** that lives in the home including the relationship of each member to Head of Household)

Member	Full Name	Relationship	Age	Social Security Number
1		APPLICANT		
2				
3				
4				
5				
6				

## **CURRENT HOUSING NEEDS**

*[List briefly any repairs needed to your home]*

---

---

---

---

---

---

---

---

HEAD OF HOUSEHOLD INFORMATION			
SINGLE RACE	CHECK BELOW	Hispanic or Latino	Non-Hispanic or Non-Latino
White			
Black/African-American			
Asian			
American Indian /Alaskan Native			
Native Hawaiian/Other Pacific Islander			
<b>MULTI-RACE</b>			
American Indian/Alaskan Native & White			
Asian & White			
Black/African-American & White			
Am Indian/Alask Native & BI/Afri-Amer			
Other Multi Racial			

### CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA]

PY2015 Income Limits  
Effective: March 6, 2015

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$14,350	\$23,900	\$38,200
2	\$16,400	\$27,300	\$43,650
3	\$20,090	\$30,700	\$49,100
4	\$24,250	\$34,100	\$54,550
5	\$28,410	\$36,850	\$58,950
6	\$32,570	\$39,600	\$63,300
7	\$36,730	\$42,300	\$67,650
8	\$40,890	\$45,050	\$72,050
Ea. Additional Member	Extremely Low 30%	+ \$2,850	+ \$4,550

\*Source: U.S. Department of Housing & Urban Development [HUD] Extremely Low Income = 30% of Median Household Income  
Very Low Income = 50% of Median Household Income Low Income = 50% - 80% of Median Household Income

### **APPLICANT'S CERTIFICATION**

I/We, the undersigned, certify the information provided above in this application is accurate and complete to the best of my knowledge. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial housing rehabilitation assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. I certify that I am the owner occupant of said property and that I/We hold fee simple title to the above property. Failure to disclose all income or the reporting of inaccurate or false information will result in disapproval of assistance and will be considered fraudulent.

Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lead-Safe Homes Demonstration Program (LSHD)

Applicant Questionnaire

1. Was your home built before 1978? Yes ☐ No ☐  
*(If you answer no to this question you do not have to answer any other questions on this questionnaire)*
2. Do small children live in your home? Yes ☐ No ☐

If so what age(s)? \_\_\_\_\_

3. Do you have small children visiting your house twice a week for a total of six hours combined in that week or sixty hours a year combined in any way? Yes ☐ No ☐
4. Do you have a pregnant woman or one of childbearing age living in your home? Yes ☐ No ☐  
Check one of the following: \_\_\_\_\_ Pregnant \_\_\_\_ Childbearing

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/St/Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

*After carefully reading the enclosed notice, please detach this receipt and return it to the Cobb County CDBG Program Office Housing Rehabilitation Program.*

**Acknowledgement of Receipt**

*I have received a copy of the booklet entitled:*

**PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME**

\_\_\_\_\_  
Print Applicant Full Name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_